

ACUSHNET COMPANY**FAX COVER SHEET****RECEIVED
CENTRAL FAX CENTER
MAY 18 2006**

DATE: May 18, 2006

TO: Mail Stop Amendment
Commissioner for Patents
Examiner: Butner, David J.
Art Unit: 1712
Facsimile No.: 571-273-8300

FROM: William B. Lacy
Customer Number: 40990
Phone No.: 508-979-3540

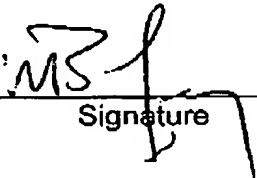
RE: Application Serial No.: 10/627,504
Response to Office Action of January 18, 2006

Pages including cover sheet: 13

Certificate of Transmission Under 37 C.F.R § 1.8

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on May 18, 2006
Date


Signature

William B. Lacy
Name of person signing Certificate

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508-979-3540 phone
508-979-3063 fax

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MAY 18 2006

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/627,504
		Filing Date	July 25, 2003
		First Named Inventor	David A. Bulpitt
		Examiner Name	David J. Buttner
		Art Unit	1712
TOTAL AMOUNT OF PAYMENT	(\$ 250.00)	Attorney Docket No.	B03-50

METHOD OF PAYMENT

- ☒ Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
<u>Total Claims</u>	<u>Paid TC</u>
	0
<u>Extra Claims</u>	<u>Fee (\$)</u>
	50
<u>Fee Paid (\$)</u>	<u>Fee Paid (\$)</u>
	0
Paid TC = the greater of 20 or highest number of total claims paid for	
<u>Independent Claims</u>	<u>Paid IC</u>
	0
<u>Extra Claims</u>	<u>Fee (\$)</u>
	200
<u>Fee Paid (\$)</u>	<u>Fee Paid (\$)</u>
	0
Paid IC = the greater of 3 or highest number of independent claims paid for	

3. APPLICATION SIZE FEE

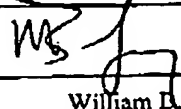
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	×	250	-

4. OTHER FEES

Statutory Disclaimer	\$130
Extension for response within first month	\$120

SUBMITTED BY

Signature		Registration No.: 48,619	Telephone: 508-979-3540
Name	William D. Jacy	Date: May 18, 2006	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.: 10/627,504

Art Unit: 1712

Applicant: David A. Bulpett

Examiner: David J. Buttner

Filed: July 25, 2003

Confirmation No.: 3239

For: URETHANE ELASTOMERS WITH
IMPROVED COLOR STABILITY

Attorney Docket No.: B03-50

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 18, 2006, Applicants respectfully submit the following amendments and remarks for entry into the above-identified application.

Listing of Claims begins on page 2 of this response.

Remarks begin on page 6 of this response.